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Bib Data Sheet

CONFIRMATION NO. 9875

SERIAL NUMBER 10/750,474	FILING DATE 12/31/2003  RULE	CLASS 435	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. SP03-167
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\*\* CONTINUING DATA *None* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS *None* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 219	INDEPENDENT CLAIMS 21
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	Verified and Acknowledged	Examiner's Signature <i>Paul R. Kelly</i>	Initials <i>SR</i>	

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TITLE  
 CELL CULTIVATING FLASK

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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